

SENT VIA EMAIL OR FAX ON
Mar/12/2010

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

Amended 3/18/10 (Patient Injury Date)
DATE OF REVIEW:
Mar/12/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Psycho Therapy X 6 visits

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Clinical psychologist; Member American Academy of Pain Management

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
- ☒ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters 1/26/10 and 2/22/10
Medical Group 1/25/10
Dr. 10/30/08 thru 2/3/10
Dr. 10/3/08 thru 10/14/09
OP Note 4/20/09
Behavioral Health 11/11/09 thru
Ortho 7/31/08
Radiology Consultants 10/7/08
Dr. 8/15/08 thru 2/9/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured at work on xx/xx/xx. At the time, he was performing

his usual job duties as a xxxx, where he had been employed for 2 years. Initial behavioral evaluation of January 2010 states that patient was lifting a 50 pound propane tank onto a forklift when he felt a pop in his lower back. Patient sought care initially through then transferred his case to Dr.. Patient has maintained contact with his supervisor, but has not been able to return to work since his job is not able to accommodate light duty restrictions.

Over the course of his treatment, patient has received x-rays, physical therapy, aquatic therapy, lumbar MRI's (positive), lumbar EMG/NCV's (positive), lumbar fusion and 360 laminectomy (April 2009), post-surgical PT, and medications management. Patient is currently prescribed Topamax, Tramadol, and Soma. Patient's pain remains significant, his mood is affected, and he was referred by his treating doctor for behavioral evaluation.

On 1-21-2010, patient was interviewed and evaluated by Behavioral Health, in order to make psychological treatment recommendations. Patient was administered the FABQ, BDI and BAI, along with an initial interview and mental status exam. At the time of the interview, patient reported an average pain level of 9/10 with elevations to 10/10. His BDI was a 32 and BAI was a 23. FABQ was 24 for Physical Activity and 42 for Work Activity. Oswestry score of 74% indicates a disability mindset developing. Mental status exam showed no evidence of thought disorder, hallucinations, delusions, or suicidal/homicidal ideation. Mood was overwhelmed, anxious, sad, and frustrated. Affect was consistent with mood. Patient reports that pain interferes with personal care, lifting, walking, sitting, and standing, traveling, and ADL's. Patient is diagnosed with Bipolar Disorder, which is controlled with medication and therapies through MHMR. Since the injury, sleep is significantly reduced, as is social isolation and self-esteem.

Patient was appropriately diagnosed with Axis I 307.89 pain disorder and 296.6 Bipolar I disorder-mixed with psychotic features. Plan is to apply cognitive-behavioral interventions in order to accomplish goals of: improved mood, improved overall functioning, and improved sleep patterns. Current request is for 6 individual therapy sessions over 6 weeks.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

A diagnostic interview with mental status evaluation and recommendations has been requested by the patient's treating doctor, and has been conducted. The results indicate that patient could benefit from interventions aimed at employing cognitive-behavioral, supportive, and relaxation skills in order to address injury-related depressed, anxious and fearful symptoms. Goal is to improve patient's overall functional status in order to move him back into the work force. Patient had been employed for 2 years previous to this injury, indicating appropriate control of his Bipolar illness. Any recurrent manic or psychotic episodes should be referred to the treating physician at MHMR. Currently, a stepped-care approach to treatment has been followed, as per ODG, and the requested 6 IT sessions appear reasonable and necessary to treat the issues arising from the patient's injury-related pain and off-work status with a goal of increased overall physical and emotional functioning.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)